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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ANNIE URINA

Write the full name of each plaintiff.

1:24 CV-01880-JHR-JW

(Include case number if one has been
assigned)

-against-

THE CITY OF NEW YORK

Ado JONATHAN APONTE RODRIGUES # 6763

HIRAM NEVES # 10194

GIOVANIS TOVAR MENAYA # 17138 (JBN BARTHELEMY # 21937)

Write the full name of each defendant. If you cannot fit the
names of all of the defendants in the space provided, please
write "see attached" in the space above and attach an
additional sheet of paper with the full list of names. The
names listed above must be identical to those contained in
Section IV.

Do you want a jury trial?
 Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed
with the court should therefore *not* contain: an individual's full social security number or full
birth date; the full name of a person known to be a minor; or a complete financial account
number. A filing may include *only*: the last four digits of a social security number; the year of
an individual's birth; a minor's initials; and the last four digits of a financial account number.
See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>AMANU</u>	<u>N</u>	<u>URENA</u>
First Name	Middle Initial	Last Name

Johnie Cochran

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

241-23-02807

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

R.E.S.I.N

Current Place of Detention

19-19 Hazen street

Institutional Address

East Elmhurst
Bronx

New York

11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>Jonathan</u>	<u>Aponte Rodriguez</u>	<u># 6763</u>
	First Name	Last Name	Shield #
	<u>Police officer</u>		
	Current Job Title (or other identifying information)		
	<u>NYPD (48th Precinct)</u>		
	Current Work Address		
	<u>Bronx</u>	<u>New York</u>	<u>(Unknown)</u>
	County, City	State	Zip Code
Defendant 2:	<u>Hiram</u>	<u>Nunes</u>	<u># 10194</u>
	First Name	Last Name	Shield #
	<u>Police officer</u>		
	Current Job Title (or other identifying information)		
	<u>NYPD (48th Precinct)</u>		
	Current Work Address		
	<u>Bronx</u>	<u>New York</u>	<u>(Unknown)</u>
	County, City	State	Zip Code
Defendant 3:	<u>Grovants</u>	<u>Tovar Antinaya</u>	<u># 17136</u>
	First Name	Last Name	Shield #
	<u>Police officer</u>		
	Current Job Title (or other identifying information)		
	<u>NYPD (48 Precinct)</u>		
	Current Work Address		
	<u>Bronx</u>	<u>New York</u>	<u>(Unknown)</u>
	County, City	State	Zip Code
Defendant 4:	<u>John</u>	<u>Bartholomew</u>	<u># 2193</u>
	First Name	Last Name	Shield #
	<u>Police officer</u>		
	Current Job Title (or other identifying information)		
	<u>NYPD (48th Precinct)</u>		
	Current Work Address		
	<u>Bronx</u>	<u>New York</u>	<u>(Unknown)</u>
	County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: NYPD 48th Precinct (Bathroom)

Date(s) of occurrence: December 12 2024

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On December 12th 2023 I was arrested by the 48th precinct in the Bronx New York. And thereafter I was brought to the precinct. At a point in time while at the precinct I was not searched by police officers. In which at that time one of the officers did multiple swiping motions underneath my buttocks (with three hands) I felt very violated and objected to the violative search procedure. These other officers took me out the holding pen. And brought me to the precinct bathroom where white handcuffed Police officer Aponte pulled my pants and underwears down and forcibly spread my buttocks and violently took U.S currency out of my rectum. During this time Police officers Nunes # 1019W, Tovar minaya # 17138, Bartholomew # 2193 Did not do anything to intervene and stop this prohibited and violative procedure. As they stand guard and watched the incidents unfold (At no time was I afforded an opportunity to strip search on my own without handcuffs in a proper manner)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I sustained pain and discomfort to my rectum emotional distress mental anguish pain and suffering

Did not tell medical dive to embarrassment and humiliation

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I demand jointly and severally against all of the ^{individual} defendant
defendants as well as the city of New York in terms of
compensatory damages, punitive damages in the sum of
ten million dollars, the concerning and empaneling of a jury
to consider the merits of the claims herein
And if it shall come a time that legal representation is acquired
costs and interest and attorney fees. And such other and
further relief as this court may deem appropriate and equitable.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

June 12 2024

Dated

AMAUARY

First Name

U

Middle Initial

AMAUARY URENA

Plaintiff's Signature

URENA

Last Name

R.R.5.H 19-19 Haven Street

Prison Address

East Elmhurst New York

County, City

11370

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: June 12 2024

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RECEIVED
ANUARY URENA 24/23-02807
(R.E.S.H) 19-19 HAZEN ADMITTED

Cost Elmhurst N.Y. 11370

AMMERY URENA 24123-02807
(R.C.S.H) 19-19 Hazen Street
East Elmhurst N.Y. 11370

PROSECUTOR UNSETT

500 Pearl Street PM 200
New York New York 10007

KNIGHT

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